FROM:

DECLARATION FOR UTILITY OR

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JUL 3 0 2007

Attorney Docket

First Named Inventor

Number

PTO/SB/01 (02-07)
Approved for use through 02/28/2007. OMB 0651-0032
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| DESIGN | | | Mark Pamogion | | | | | |
|--|--------------------------------|---------------------------------|-------------------|---------------|------------------------|------------------------|--|--|
| PATENT APPLICATION | | | COMPLETE IF KNOWN | | | | | |
| (37 CFR 1.63) | | Application Number | | 10/575,060 | | | | |
| Declaration Submitted OR With Initial | Declarat | tted after Initial surcharge | Filing Date | | 10/06/2004 (Internatio | 6/2004 (International) | | |
| | Filing (si | | Art Unit | TBD | | | | |
| Filing | (37 CFR 1.16 (e)) required) | | Examiner Name | е | TBD | | | |
| | | | | | | | | |
| I hereby declare that: | | | | | | | | |
| Each inventor's residence, mailing address, and citizenship are as stated below next to their name. | | | | | | | | |
| believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled: | | | | | | | | |
| MODIFIED CEA/B7 VECTOR | | | | | | | | |
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| | | | | | | | | |
| (Title of the Invention) | | | | | | | | |
| the specification of which | | | | | | | | |
| is attached hereto | | | | | | | | |
| OR | | • | | | | | | |
| was filed on (MM/DD/Y) | YYY) | 10/06/2004 | as United St | tates Applic | cation Number or Pt | CT International | | |
| | 1804/33145 | and was amended | • | · L | 04/08/2006 | (if applicable). | | |
| I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. | | | | | | | | |
| f acknowledge the duty to dis | sclose informat | ion which is mater | ial to patentab | ility as defi | ned in 37 CFR 1.5 | 56, including for | | |
| continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application. | | | | | | | | |
| I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent. | | | | | | | | |
| inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign | | | | | | | | |
| application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed. | | | | | | | | |
| Prior Foreign Application | n waich phonty | Foreign Filing | Date | Priority | Certified C | opy Attached? | | |
| Number(s) | Country | <u>ראאים באאאי</u> | | Vot Claime | | NO | | |
| PCT/US04/33145 | PCT | 10/06/2004 | } | | | <u> </u> | | |
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| Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. | | | | | | | | |

[Page 1 of 2]
This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Contidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burdon, should be sont to the Chird Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance completing the form, call 1-800-PTO-9199 and select option 2.

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| NAME OF SOLE OR FIRST INVENTOR: | | etition has been f | iled for this unsig | ned inventor | | | | | |
| Given Name (first and middle [if any]) | | Family Name or Surname | | | | | | | |
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| Inventor Signature | di. | | | Pate 2 OF | | | | | |
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| Additional inventors of a local sourcementing are being | | | | | | | | | |